



# Inspection Expectations

**Presented by: Julienne Joseph and Jason Sams**  
**August 21, 2014**



| <b><u>APPLIANCES</u></b>       | <b><u>Yrs.</u></b> | <b><u>Appliances</u></b>                                  | <b><u>Yrs.</u></b> |
|--------------------------------|--------------------|---|--------------------|
| Exhaust Fan                    | 10                 | <b>Water Heaters, Electric</b>                            | <b>11</b>          |
| Compactors                     | 6                  | <b>Water Heaters, Gas</b>                                 | <b>10</b>          |
| Dishwashers                    | 9                  | Air-Conditioners, Room                                    | 10                 |
| Disposers, Food Waste          | 12                 | Air-Conditioners, Unitary                                 | 15                 |
| Dryers, Electric               | 13                 | Boilers, Electric   | 13                 |
| Dryers, Gas                    | 13                 | Boilers, Gas  | 21                 |
| Freezers                       | 11                 | Dehumidifiers   | 8                  |
| Microwave Ovens                | 9                  | <b>Furnaces, Warm-Air, Electric</b>                       | <b>15</b>          |
| <b>Ranges, Electric</b>        | <b>13</b>          | <b>Furnaces, Warm-Air, Gas</b>                            | <b>18</b>          |
| <b>Ranges, Gas</b>             | <b>15</b>          | <b>Furnaces, Warm-Air, Oil</b>                            | <b>20</b>          |
| Range/Oven Hoods               | 14                 | Heat Pumps  | 16                 |
| Refrigerators, Compact         | 9                  | Humidifiers   | 8                  |
| <b>Refrigerators, Standard</b> | <b>13</b>          | <i>Note: Life expectancy is based on first-owner use.</i> |                    |
| Washers                        | 10                 |   |                    |

*Source: Appliance Magazine, Sep 2005 issue, Grainger*



- Pass
- Fail

# **Why Are We Talking about Inspections Expectations?**

**Fewer Complaints from  
homeowners**

**Fewer Compliance  
review issues**

**Better Housing Product**





Paying  
attention  
to details

# What Do We Mean by Inspecting?

- The act of viewing, especially carefully or critically; a formal or official examination
- To compare the work being done or is completed against the work write-up and DHCD HQS in a fair manner ***and*** documenting the findings

# What Skills Are Required?

- Know what is required by the work write-up and DHCD HQS
- Know how to recognize and solve problems
- Know how to communicate required solutions
- Know how to exercise judgment
- Know how to get along with people while ensuring quality work



# Most Importantly



- *A proper inspection results in the opportunity for all work to be done correctly the first time*

# What Inspections Do We Require?

## THE ESSENTIALS

- Initial Qualifying Inspection
- Initial DHCD HQS Inspection
- Progress Inspections..weekly inspections
- Payment Inspections
- Change Order Inspections
- Complaint Inspections
- Blower Door Inspections
- Building Inspector Inspections
- Final DHCD HQS Inspection
- Punch List Inspection

# Wait, There's More

## HOUSING REHAB PROJECTS ONLY

- Electrical Inspection
- Chimney Inspection
- Termite Inspection
- Lead-Based Paint (LBP) Inspection
- LBP Clearance Inspections
- Asbestos Inspections

# Initial Qualifying Inspections

- Who? Program Administrator or Grant Manager
- How? Go through the house room by room, and by major component, noting any problems and potential remedies on the DHCD HQS checklist
- When? **Before** the homeowner's application is submitted to the Rehab Board
- Why? To determine if the property is eligible for assistance



# Initial DHCD HQS Inspections

- Who? Rehab Specialist
- How? Go through the house room by room, and by major component, noting any problems and potential remedies on the DHCD HQS checklist
- When? ***After*** the homeowner's application is approved by the Rehab Board
- Why? To determine HQS deficiencies and to identify any special needs of residents

# Initial Documentation

| Inspection Form<br>Housing Choice Voucher Program  |  | U.S. Department of Housing<br>and Urban Development<br>Office of Public and Indian Housing  |  | OMB Approval No. 2577-0170<br>(exp. 8/30/2012)       |  |
|--|--|---|--|--|--|
| <p>Public reporting burden for this collection of information is estimated to average 0.25 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This agency may not request or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number.</p>   |  |   |  |  |  |
| <p><b>Privacy Act Statement:</b> The Department of Housing and Urban Development (HUD) is authorized to collect the information required on this form by Section 8 of the U.S. Housing Act of 1937 (42 U.S.C. 1437f). Collection of the name and address of both the family and the owner is mandatory. The information is used to determine if a unit meets the housing quality standards of the section 8 rental assistance program. HUD may disclose this information to Federal, State and local agencies when relevant to civil, criminal, or regulatory investigations and prosecutions. It will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. Failure to provide any of this information may result in delay or rejection of family participation.</p> |  |   |  |  |  |
| <p>Assurances of confidentiality are not provided under this collection. This collection of information is authorized under Section 8 of the U.S. Housing Act of 1937 (42 U.S.C. 1437f). This information is used to determine if a unit meets the housing quality standards of the section 8 rental assistance program.</p>   |  |   |  |  |  |
| PHA  |  | Tenant ID Number  |  | Date of Request (mm/dd/yyyy)                         |  |
| Inspector<br><b>Earl Howerton</b>  |  | Date Last Inspection (mm/dd/yyyy)   |  | Date of Inspection (mm/dd/yyyy)<br><b>12/27/2012</b> |  |
| Neighborhood/Community   |  | Type of Inspection:<br><input checked="" type="checkbox"/> Initial <input type="checkbox"/> Special <input type="checkbox"/> Reinspection |  | Project Number                                       |  |
| <p><b>A. General Information</b></p> <p>Street Address of Inspected Unit<br/><b>9110 Sussex Drive</b></p> <p>City <b>Stony Creek</b> County <b>Sussex</b> State <b>VA</b> Zip _____</p> <p>Name of Family _____ Current Telephone of Family _____</p> <p>Current Rental Address of Family<br/><b>Same as above</b></p> <p>County _____ State _____ Zip _____</p> <p>Number of Children in Family Under 6<br/><b>None</b></p> <p>Name of Owner or Agent Authorized to Lease Unit Inspected _____ Telephone of Owner or Agent _____</p> <p>Address of Owner or Agent _____</p>   |  |   |  |  |  |
| <p>Housing Type (check as appropriate)</p> <p><input checked="" type="checkbox"/> Single Family Detached</p> <p><input type="checkbox"/> Duplex or Two Family Row</p> <p><input type="checkbox"/> House or Town House</p> <p><input type="checkbox"/> Low Rise, 3-4 Stories, including Garden Apartment</p> <p><input type="checkbox"/> High Rise, 5 or More Stories</p> <p><input type="checkbox"/> Manufactured Home</p> <p><input type="checkbox"/> Congregate</p> <p><input type="checkbox"/> Cooperative</p> <p><input type="checkbox"/> Independent Group Residence</p> <p><input type="checkbox"/> Single Room Occupancy</p> <p><input type="checkbox"/> Shared Housing</p> <p><input type="checkbox"/> Other: (Specify) _____</p> <p><b>Quad</b></p>   |  |   |  |  |  |

Previous editions are obsolete

Page 1 of 16

see Handbook 7420.8 form HUD-52880-A (SNO)



# Pre-Rehab Work Write Up Checklist

**DHCD Supplemental Rehab Requirements  
Pre-Rehabilitation Work Write Up Checklist**

Property Address 543 Paul Road Ave  
Wakefield, VA

☐ **Termite Inspection**  
Kenneth D. Gargavito Name of Inspector  
K&L Termite & Pest Control Name of Company  
6-27-13 Date of Inspection  
 YES ☒ NO ☐ Treatment Required?  
6-27-13 Date of Treatment

☐ **Chimney Inspection**  
N/A Name of Inspector  
N/A Date of Inspection  
 Type of Repairs Needed \_\_\_\_\_

☐ **Debris Removal**  
 Debris to be Removed House and out house

☐ **Electrical Inspection**  
Building Official + HUD Name of Electrical Inspector  
2013 Date of Electrical Inspection  
 Electrical Deficiencies Found None

DHCD HQS Supplemental Pre- and Post-Rehab Checklist 1

# Intersection of Roles

- Both the Housing Program Administrator and Rehab Specialist must conduct initial inspections; and
- Both must review the two initial inspections together to ensure all HQS deficiencies and any special needs of household members will be addressed in the work write-up while remaining within cost limits

# Weekly Progress Inspections

**REHAB SPECIALIST FIELD REPORT**

☐ CDBG
 ☐ IPR

Owner's Name: \_\_\_\_\_

Property Address: \_\_\_\_\_

General Contractor: \_\_\_\_\_

**TYPE OF INSPECTION:**   ☐ Weekly   ☐ Payment   ☐ Change Order   ☐ Complaint

**PROJECT COMPLETION:** \_\_\_\_\_%

**WEATHER:**   ☐ Rain   ☐ Snow   ☐ Cold   Temp: \_\_\_\_\_

**PERSON(S) ON SITE AT TIME OF INSPECTION:** \_\_\_\_\_

**OBSERVATIONS:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**COMMENTS:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

- Noting work being done, crew size, whether or not LSWP are being observed, and any conditions, including weather, which could cause a delay in completion

# Payment Inspections



- Comparison of work done against contractor's payment request prior to signing off on it
- To verify that Grantee or Subrecipient will not be paying for work not done or not properly done

# When Is a Change Order Required?

When making any modification to the original contract, ***including a change in the time to complete the work***, change in materials, change in cost, and change in the scope of work

Failure to obtain written change orders, which are signed by both the consumer and the licensee or his agent, to an already existing contract is a violation of

# CONTRACT CHANGE ORDER

|   |
|---|
| From: American Dream Homes LLC<br>135 American Dream Lane<br>Orioles Branch, VA 23057 |
|---|

|       |
|-------|
| No. 1 |
|-------|

|   |
|---|
| To: Loudoun County<br>P.O. Box 1007<br>Manassas, VA 20108 |
|---|

|   |
|---|
| Date: 6/17/2013<br>Job: Verna Hill<br>Contract Job No.:<br>Prepared By: Earl Howerston<br>Work To Begin On: ASAP<br>Work To Be Completed By: ASAP |
|---|

|  |
|--|
| Reason for change order: To install a 3" to 4" PVC sewer pipe under Railroad Avenue and connect the pipe to the Water Authority sewer connection. The contractor is responsible for all labor, material and securing all permits and getting all regulatory approvals.<br><br>The cost covered by this order shall be determined under the same basis and conditions as that applied to the original Contract. |
|--|

|  |
|--|
| Previous Contract Amount: \$ 95,497.00<br>Amount of Change Order: \$ 2,500.00<br>Total Contract + Change Order: \$ 97,997.00 |
|--|

|  |  |
|--|--|
| Changes Approved By:<br>Contractor: <u>John B. Cook</u><br>Homeowner: <u>Verna L. Hill</u><br>Broker/ Escalator: <u>Earl Howerston</u><br>Program Manager: <u>James M. Myers</u><br>Local Fr.: <u>James M. Myers</u><br>DWED: <u>Philip H. Howerston</u> | Date: <u>6-17-13</u><br>Date: <u>6-17-13</u><br>Date: <u>6-17-13</u><br>Date: <u>6-18-13</u><br>Date: <u>6-18-13</u> |
|--|--|



# Complaint Inspections

- To determine if homeowner's complaint is based upon any actual performance failure(s) or because of a misunderstanding or difference in expectations



# Blower Door Inspections



## BLOWER DOOR AIR LEAKAGE TESTS

### CDBG Program

Contract Number: \_\_\_\_\_  
 Owner's Name: Gary Alexander  
 Property Address: 26 Jones Street, Boydton, VA 23917  
 House Volume: 8640 (cubic feet)  
 Surface Area: 1080 (square feet)  
 Household Size: 2

Weatherization measures should be designed to meet the minimum air flow of 1500 CFM or other standard based on the square footage of the home and family size.

| Test #1 (Pre-Test) Insert N/A if substantial reconstruction | Test #2 (Final)                |
|---|--------------------------------|
| Date: _____   | Date: <u>December 10, 2012</u> |
| Outside Temp: _____ ° F                                     | Outside Temp: <u>68</u> ° F    |
| Wind Speed: _____   | Wind Speed: <u>calm</u>        |
| Inside Temp: _____ ° F                                      | Inside Temp: <u>65</u> ° F     |
| House P (pa): _____   | House P (pa): <u>50</u>        |
| Fan P (pa): _____   | Fan P (pa): <u>50</u>          |
| Flow (cfm): _____   | Flow (cfm): <u>2100</u>        |

Work Write-up Recommendations or Final Comments: ☐ Caulk/Weather-strip Window(s)

☒ Replace Window(s) ☒ Replace Screen Door(s) ☒ Add Insulation ☒ Replace Insulation

☒ Install Energy Efficient Appliance(s) ☒ Install Heat Pump

Signature: Robert M. Smith / VDA

Title: ☒ Rehab Specialist ☐ Wx ☐ Other

# Building Inspector Inspections

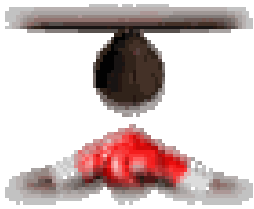
- When? Through out the course of the project as any ***permitted*** work is completed, including electrical, plumbing, mechanical, and structural
- Why? To ensure that all construction done to alleviate DHCD HQS deficiencies conforms to the Uniform Statewide Building Code



# Final Inspections

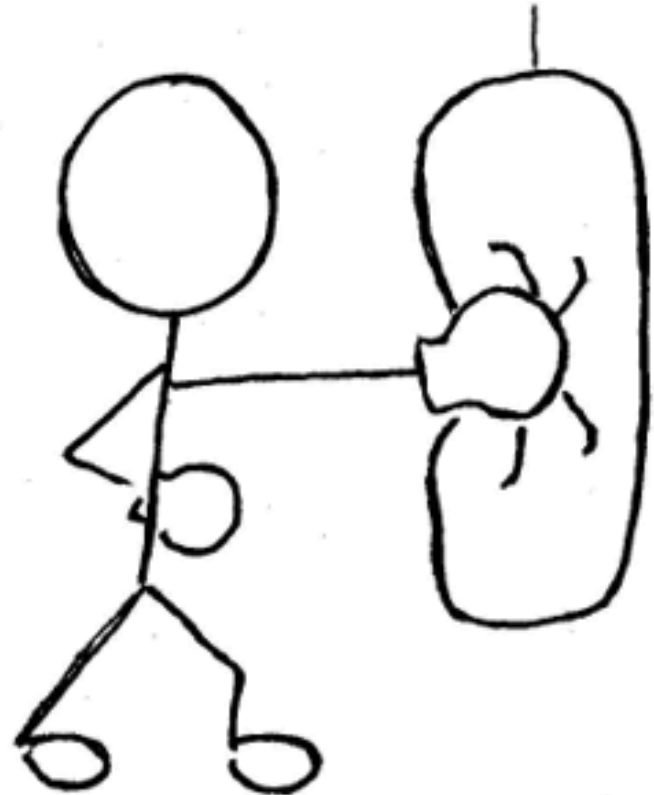


- Comparison of work write-up ***and*** Section 8 Inspection form to work actually done
- To generate any necessary written punch list, documenting workmanship or material deficiencies and identifying how long the contractor has to complete the work



# Punch List Inspection

- Who? Rehab Specialist
- How? Comparison of work done against punch list
- When? Contractor informs Rehab Specialist that all punch list items are done
- Why? To verify that the contractor has satisfactorily completed all punch list items

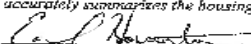



# Post-Rehab Completion Checklist

**DHCD Supplemental Rehab Requirements  
Post-Rehabilitation Completion Checklist**

Property Address 543 Rust Road VAE  
Wakefield, VA

*Check the answer which best describes rehabilitation efforts.*

| <u>YES</u>   | <u>NO</u>                           |  |
|--|-------------------------------------|--|
| <input checked="" type="checkbox"/>  | <input type="checkbox"/>            | Do all housing quality deficiencies appear to have been repaired and does the house now meet DHCD HQS?             |
| <input checked="" type="checkbox"/>  | <input type="checkbox"/>            | Does it appear that all work items have been completed?  |
| <input type="checkbox"/>   | <input checked="" type="checkbox"/> | Did the occupant offer any complaints (if yes, list under comments)?   |
| <input type="checkbox"/>   | <input checked="" type="checkbox"/> | Did the homeowner, if different, offer any complaints (if yes, list under comments)?                               |
| <input checked="" type="checkbox"/>  | <input type="checkbox"/>            | Did the construction activities comply with the adopted community standards?                                       |
| <input checked="" type="checkbox"/>  | <input type="checkbox"/>            | Is there evidence of an inspection for termites, pests, lead based paint, and chimneys?                            |
| <input checked="" type="checkbox"/>  | <input type="checkbox"/>            | Have all debris, abandoned vehicles, and derelict structures been removed from the property?                       |
| <input checked="" type="checkbox"/>  | <input type="checkbox"/>            | Did the inspection reveal that weatherization measures were taken and at least R-38 ceiling insulation is present? |
| Blower Door POST test <u>2300</u> CFM @ 50 pas   |                                     |  |
| <input checked="" type="checkbox"/>  | <input type="checkbox"/>            | Is the unit occupied by a disabled or elderly person?  |
| <input checked="" type="checkbox"/>  | <input type="checkbox"/>            | If yes, were improvements appropriately made?  |
| <input checked="" type="checkbox"/>  | <input type="checkbox"/>            | Is the electrical system adequate to meet any additional load?   |
| <input checked="" type="checkbox"/>  | <input type="checkbox"/>            | Did construction require an electrical service upgrade?  |
| Is the workmanship <input checked="" type="checkbox"/> Good <input type="checkbox"/> Adequate <input type="checkbox"/> Poor  |                                     |  |
| Comments: _____  |                                     |  |
| _____  |                                     |  |
| _____  |                                     |  |
| <p><i>The Rehab Specialist and the Housing Program Administrator hereby certify that this report accurately summarizes the housing rehab work performed on the house noted.</i></p> <p>  <span style="float: right;"><u>6/25/13</u></span><br/> Rehabilitation Specialist <span style="float: right;">Date</span> </p> <p>  <span style="float: right;">_____</span><br/> Housing Program Administrator <span style="float: right;">Date</span> </p> |                                     |  |
| DHCD HQS Supplemental Pre- and Post-Rehab Checklists <span style="float: right;">3</span>  |                                     |  |

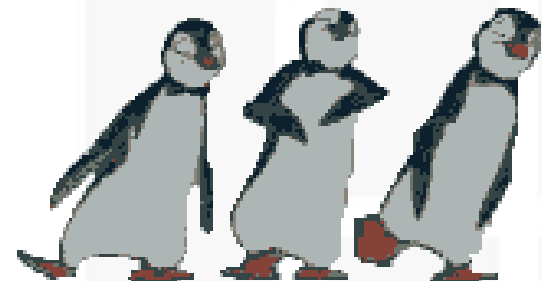




# Pop Quiz

After the punch list inspection is done, who should be satisfied with the work done?

- A. Program Administrator?
- B. Rehab Specialist?
- C. Local Building Official?
- D. Homeowner?
- E. All of the above?



# Electrical Inspections

- Inspection of all electrical components by an inspector who is ***not*** being paid by contractor
- Done ***prior*** to completing rehab work write-up so any identified can be addressed in the work write-up



# Chimney Inspections

| CERTIFICATION OF CHIMNEY INSPECTIONS  |                                     |
|---|-------------------------------------|
| CDBG Program  |                                     |
| Contract Number:  | 44-116                              |
| Owner's Name:   | John Allen                          |
| Property Address:   | 100 Freedom Ave                     |
| Date of Inspection:   | 7/23/2013                           |
| <p>In compliance with the Virginia Department of Housing and Community Development's (DHCD) Housing Quality Standard's (HQS) Section 8 standards for chimneys, as found in Section F.5, I do hereby certify that I have inspected the chimney listed at the above address and that inspection included both a roof and attic inspection. I further certify the following:</p> |                                     |
| YES   | NO                                  |
| <input checked="" type="checkbox"/>   | <input type="checkbox"/>            |
| The chimney is adequately secured, with no unkeyed or loose structural members, and is not significantly leaning, settling or bending.  |                                     |
| <input type="checkbox"/>  | <input checked="" type="checkbox"/> |
| The chimney's exterior is in good condition without any significantly cracked, loose or missing masonry components or loose, missing mortar.  |                                     |
| <input checked="" type="checkbox"/>   | <input type="checkbox"/>            |
| The chimney has a cap; it is appropriate for the type of flue; it is in good condition and properly draining.   |                                     |
| <input checked="" type="checkbox"/>   | <input type="checkbox"/>            |
| The chimney's crown is in good condition with no frost or water damage to any masonry flues.  |                                     |
| <input checked="" type="checkbox"/>   | <input type="checkbox"/>            |
| The chimney's flue is in good working condition with no dead-end flues, unsafe fire clearance, unsealed flue-vent connectors, blockage, soot, or other damage.  |                                     |
| <input checked="" type="checkbox"/>   | <input type="checkbox"/>            |
| The chimney is properly lined.  |                                     |
| <input checked="" type="checkbox"/>   | <input type="checkbox"/>            |
| The chimney's fireplace components are in good condition, including dampers, cleanout doors.  |                                     |
| <p>Recommendations and Notes: include work in masonry per work write-up</p>   |                                     |
| Signature:  | Date: 7/25/13                       |
| <p>Title: <input checked="" type="checkbox"/> Rehab Specialist <input type="checkbox"/> Chimney Sweep <input type="checkbox"/> Other</p>  |                                     |

- Inspection of chimney and all components, including masonry, flashing, crown, cap, flue, liner, dampers and firebox
- Done **prior** to completing rehab work write-up so any identified can be addressed in the work write-up

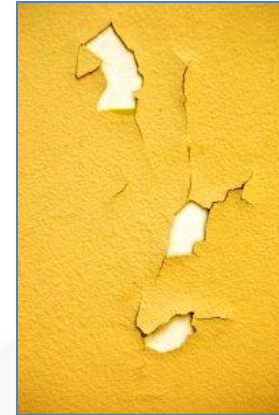
# Termite Inspections

- Inspection by VDACS-licensed termite inspector for any evidence of infestation of wood-boring insects, vermin and roaches
- Done prior to completing rehab work write-up



# Lead-Based Paint (LBP) Inspections

- Done by DPOR-licensed Risk Assessor
- Inspection of any interior or exterior paint for failing conditions, including peeling, chipping or pitting, and any bare soil on which failing paint might have fallen





# LBP Clearance Inspections if Pre 1978

- Who? DPOR-licensed Risk Assessor
- How? Visual inspection, plus dust wipe and, when necessary, bare soil samples sent to an accredited lab to determine the presence of lead in the samples
- When? Prior to Final DHCD HQS Inspection
- Why? To ensure interim measures have been properly undertaken



# Required Documentation

Clearance Dust Sampling Form

Visual Clearance Form

Reduction Completion Notice



# Asbestos Inspections

**WM** WASTE MANAGEMENT  
Before completing, carefully read instructions on reverse.  
Please print clearly. Writ, checkmark, initials.

## Waste Shipment Record

434-20-2424

|               |   |  |  |
|---------------|---|--|--|
| Generator     | 1. Work site name and address<br>316 Jones St. Boydton VA 22937   | Owner's name<br>Gary Alexander                         | Owner's telephone no.<br>434-20-2424       |
|               | 2. Operator's name and address<br>Lyn Gale Contracting LLC  |  | Operator's telephone no.<br>434-372-5579   |
|               | 3. Waste disposal site (WDS) name, mailing address, and physical site location.<br>WASTE MANAGEMENT OF VIRGINIA, Inc., Amelia Landfill<br>20221 Maplewood Road, Jetersville, VA 23083   |  | WDS telephone no.<br>804-561-5787          |
|               | 4. Name, and address of responsible agency<br>Department of Labor and Industry, Occupational Health Division<br>13 South 13th Street, Richmond, VA 23219  |  |  |
| Generator     | 5. Description of materials<br>RQ Asbestos, Class 9, NA2212 III   | 6. Containers (See code list on back)<br>No. 4 Type NF | 7. Total quantity<br>(yd')                 |
|               | (enter required information in blocks 6 & 7)  |  |  |
|               | If Non-Friable (check one): <input type="checkbox"/> Category I <input checked="" type="checkbox"/> Category II   |  |  |
|               | If Friable continue to box 6.   |  |  |
| Generator     | 8. Special handling instructions and additional information.<br>DANGER - Avoid creating dust. Do not rupture or tear packaging. If spilled, contain immediately.<br>Must wear respirator and protective clothing.   |  |  |
|               | 9. OPERATOR'S CERTIFICATION: I hereby warrant and declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and domestic law, regulations, ordinances, orders, rules, and standards: |  |  |
|               | Name<br>Thomas E. Chumley   | Signature<br>(Signature)                               | Date<br>8-28-2012                          |
|               | 10. Transporter's Name: Lyn Gale Contracting<br>Address: 525 Chumleys Dr. Suite B, Boydton, VA 22937<br>Telephone: 434-372-5579   |  |  |
| Transporter   | Name of driver<br>Tommy Chumley   |  |  |
|               | Truck No.<br>Trailer No.  | Signature of driver<br>(Signature)                     | Date<br>8-28-2012                          |
|               | 11. Transporter's Name<br>Address<br>Telephone  |  |  |
|               | Truck No.<br>Trailer No.  |  | Signature of driver<br>(Signature)<br>Date |
| Disposal Site | 12. Discrepancy indication space  |  |  |
|               | 13. Waste disposal site. Owner or operator: Waste Management of Virginia, Inc., Amelia Landfill<br>20221 Maplewood Road, Jetersville, VA 23083<br>(Certification of receipt of asbestos materials covered by this manifest except as noted in item 12.)   |  |  |
|               | Printed/typed name and title<br>Tommy Chumley, Driver   | Signature<br>(Signature)                               | Month Day Year<br>8 28 12                  |

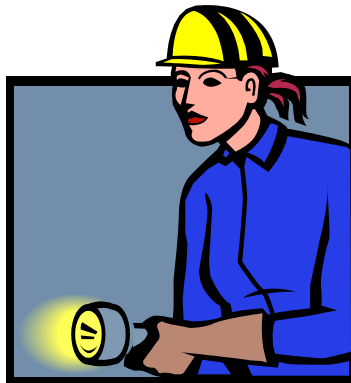
White - Disposal Facility    Green - Transporter    Yellow - Transporter    Pink - Generator    Gold - Generator (to be left at job site)

- Done by DPOR-licensed Asbestos Inspector
- **Must** do one prior to completing a demolition work write-up
- *Strongly recommended* to do one if major rehabilitation work is to be done

# Neighborhood Stabilization Program

# NSP- Inspections

- NSP Inspections follow the same guidelines as CDBG with one exception:
  - The Rehab Specialist Inspects the property prior to the grantee making an offer on the property



# NSP Emphasis on Green Rehab Inspections

- **Standards and Practices**
- • NAHB Green Home Building Guidelines  
[www.nahbrc.org/greenguidelines](http://www.nahbrc.org/greenguidelines)
- • Earthcraft Virginia [www.earthcraftvirginia.org](http://www.earthcraftvirginia.org)
- • Federal Government [www.energysavers.gov](http://www.energysavers.gov)
- • The ReBuilding Center of Our United Villages  
[www.rebuildingcenter.org](http://www.rebuildingcenter.org)
- • Green Affordable Housing [www.greenaffordablehousing.org](http://www.greenaffordablehousing.org)
- • Energy Star Homes [www.northwestenergystar.com](http://www.northwestenergystar.com)
- • Habitat For Humanity ReStore [www.pdxhabitat.org](http://www.pdxhabitat.org)
- • Building Science Corporation Guide to Mixed-Humid Climates  
[www.buildingscience.com](http://www.buildingscience.com)

- **Green Building Products**

- • Environmental Building Supplies [www.ecohaus.com](http://www.ecohaus.com)
- • Oikos Green Building Source <http://oikos.com/>
- • Environmental Building News/Green Spec  
[www.buildinggreen.com](http://www.buildinggreen.com)
- • Energy Efficient Windows  
<http://www.efficientwindows.org/>
- • Green Seal Certified Products  
[www.greenseal.org/certproducts.htm](http://www.greenseal.org/certproducts.htm)
- • Forest Product Solutions  
[www.forestproductsolutions.com](http://www.forestproductsolutions.com)

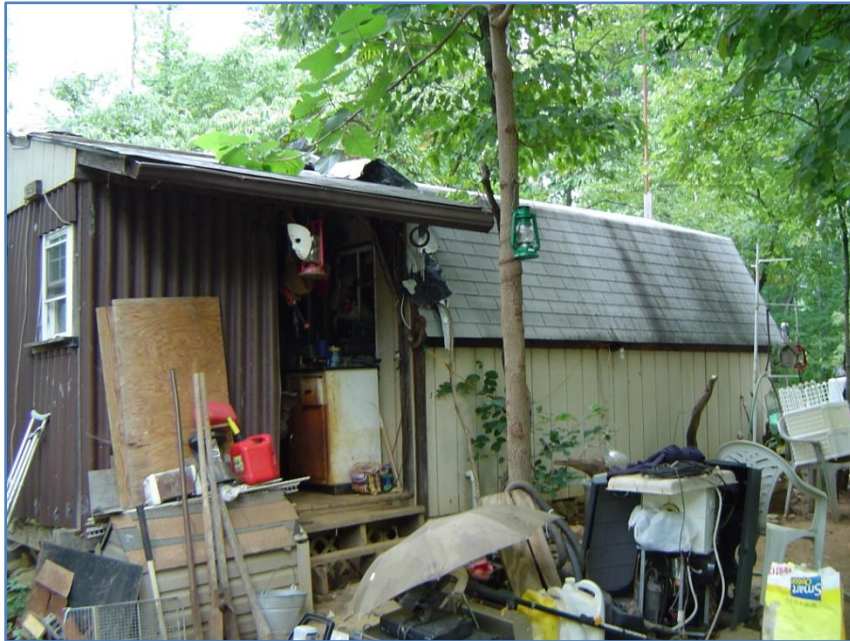
# Great References

- 2014 Rehab Workshop Flash Drive
- DHCD Housing Quality Standards, *as found in your manual*
- Virginia Weatherization Field Guide
- Your CD Specialist



# Why We Do It

From Living in a Shed



To Living in a Home



# Questions?





**Julienne Joseph**

**804-371-7003**

**[julienne.joseph@dhcd.virginia.gov](mailto:julienne.joseph@dhcd.virginia.gov)**

**Jason Sams**

**804-371-7074**

**[jason.sams@dhcd.virginia.gov](mailto:jason.sams@dhcd.virginia.gov)**